

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - 3700 CLARKS CREEK RD B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>This visit was a Quality Assurance Walk-thru in relation to Incident Number IN00136197 and in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/11/13</p> <p>Facility Number: 000121 Provider Number: 155215 AIM Number: 100290940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>Plainfield Health Care Center, a two story, sprinklered building of Type V (111) construction was found in compliance with National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2 in regard to the Quality Assurance Walk-thru in relation to Incident Number IN00136197.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/24/13.</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE